



APPLICATION 2011 South Dakota Military Teen Camp

(In conjunction with the 4H Teen Leadership Camp)

SDSU Campus
Brookings, SD

June 6-10, 2011
(ages 14 - 17)

For Camp use only

Check # _____
Application Complete _____
Physical _____
Information letter sent _____
Liability Waiver _____



Must be completed and submitted by April 30, 2011 (PLEASE TYPE OR PRINT)

TEEN NAME: _____ Nickname _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail Address: _____

Home Phone: () _____ Male ___ Female ___ Age (as of June 1st)

Date of Birth: _____

T-shirt size (adult): S M L XL XXL (circle) First time Guard camper: Yes No (circle)

PARENT(S) GUARDIAN NAME: _____

Phone #: Daytime: () _____ Evening: () _____

Cell #: () _____ E-mail: _____

Military Member Information:

Name: _____ Rank: _____ Currently Deployed: Yes No

Branch/Unit: _____ Relationship to camper: _____

Teen Camp: June 6-10, 2011, in conjunction with the 4H Teen Leadership Camp (TLC)
SDSU Campus in Brookings, SD
14 - 17 years old (as of June 1st)

Must be a child/grandchild, sibling, or legal dependant of a South Dakota Military member or retired member

Your return packet is due April 30th and should include:

1. **Application:** Please make sure the two-page application is filled out completely and signed.
2. **Registration Fee:** \$60.00 payable to **SD/OMK Military Camps**.
- Recommend bringing no more than \$20 for Teen Camp spending money. All necessities are covered, extra money would be for the SDSU bookstore, concessions, etc.
3. **Mail to:** SD Military Teen Camp
2823 West Main Street, Bldg 509
Rapid City, SD 57702

We will be unable to process packets with incomplete information. Packets will be returned if incomplete.

I certify that I am the legal parent/guardian of the child listed on this application.

*I grant permission to the South Dakota Military Teen Camp to approve emergency medical treatment for my child.

*I give my permission for the release of my child's name, address, and phone number to be provided to fellow campers and staff for the purpose of future communications. It will not be sold or distributed for any other use. Any photos or videos may be used for the promotion of the South Dakota National Guard and/or Operation Military Kids.

*I hereby waive any claim against the South Dakota National Guard, the Department of Military Affairs, the South Dakota National Guard Family Program and/or Youth Program and contract employees, Operation Military Kids, 4H, the State of South Dakota, or the United States of America, for any causes which may arise in connection with the participation of the below named child in the South Dakota Military Teen Camp.

(Child's name)

(Parent / Guardian) **Signature**

Date

Additional Application Information requested for TLC



County _____

Are you currently enrolled in 4-H? ____ Yes ____ No

If you answered no, please complete the following:

☐ I hereby grant to SDSU College of Ag/Bio Sciences the non-exclusive and irrevocable rights and license to make, edit and use pictures of my child in print, electronic and projection for educational and promotional purposes. I release SDSU College of Ag/Bio Sciences from any and all claims of payment for performance rights, residuals or damages for libel, slander, invasion of privacy, or any claim based on the use of said material.

☐ I do NOT permit pictures of my child to be used for any purpose.

Health Information

List any significant health conditions (diabetes, asthma, etc.) _____

List any significant allergies to drugs: _____

Other significant allergies: _____

Are immunizations current: ____ Yes ____ No Date of last tetanus shot ____/____/____

Health and Accident Insurance Information

Company Name: _____ Policy # _____

Emergency Contact _____ Phone _____

I understand that first aid will be available at the event, that my child will be supervised closely, and that if a serious illness or injury develops, medical and/or hospital care will be given. I further understand that in case of serious illness or injury I will be notified.

South Dakota 4-H operates under a no tolerance policy for alcohol and any other controlled substance. Curfews are enforced according to the 4-H Code of Conduct, available at all County Extension Offices. My initial here indicates my support of the individuals in charge of maintaining appropriate behavior, and my acceptance of the appropriate and logical consequences for my child's actions during TLC. _____

Roommate Preference: Name _____

☐ I am a graduating senior.

☐ Yes, I am interested in competing for the Mr./Ms. TLC scholarship.

☐ I would like more information about joining the South Dakota 4-H Youth Council.

Bus Transportation

Transportation is available for military teens located on the western side of the state. A bus itinerary will be sent to those reserving a seat.

☐ Please reserve a seat for me on the bus. I prefer to board at:

☐ Spearfish ☐ Sturgis ☐ Rapid City

☐ Wall ☐ Kadoka ☐ Vivien

Liability Agreement

I release Teen Leadership Conference, South Dakota State University and its employees, volunteers and TLC Staff from any and all claims of liability arising from injury, death, or property damage as a result of participation in the activities provided by the South Dakota National Guard, ROTC, 4-H Shooting Sports, or any other workshop my child participates in. My signature indicates that I have read this form.

Parent/Guardian Signature _____

Date _____